

Homemaker RFP Questions and Answers From Bidders Conference, May 20, 2008

1. Provide a general idea of the changes to be proposed for the rules.

The following areas are under consideration for proposed changes in the homemaker rules.

- a. Assessment process
- b. Eligibility requirements
- c. Requirements for Adult Protective Services consumers
- d. Reduction, denial or termination of services
- e. Transition to MaineCare-funded services

2. Will there be an age restriction when the programs are integrated.

To be eligible for services a consumer must be at least 18. This will not change as a result of rulemaking.

**3. Will there be a requirement to use the current MED form for continuing assessments?
Some people will not be eligible because of mental health, cognitive ability, etc.**

It is the Department's intent to have its agent, the Assessing Services Agency, conduct the initial assessment using the MED assessment form. Subsequent assessments will be the responsibility of the bidder(s) to whom the contract is awarded, using pertinent pages of the . Medical Eligibility Determination Form (MED), People will be eligible based on their financial and functional need for the service.

4. Will the whole MED form be used or just part? Will there be extra training provided on the use of the form? How much time does it take to complete the form?

Just the pertinent pages of the MED form will be used by the provider. Time in completing the MED Form will vary among consumers. Training will be provided by OES.

5. How many people are on the program now by county and district?

The number of consumers served by Home Care for Maine in April was: Androscoggin 141; Aroostook 255; Cumberland 203; Franklin 48; Hancock 44; Kennebec 254; Knox 32; Lincoln 18; Oxford 55; Penobscot 236; Piscataquis 66, Sagadahoc 52; Somerset 102; Waldo 27; Washington 131; York 191

6. Does the Office of Elder Services (OES) want a paper copy of all MED forms?

Currently this is not required, but due to changes in the rules this cannot be answered at this time.

7. Does the limit of 10 hours per month apply to Adult Protective Services (APS) consumers?

Not at this time, but this is being reviewed.

8. On page 6, what does it mean that exceptions must be on blue paper?

Using blue paper for exceptions makes them easier to identify.

9. Page 21 (G) states “the applicant will train those administering the MED tool after the initial assessment.” How does this interface with the OES training on the MED tool? When does OES train and when does the grantee train?

OES will provide initial training and technical assistance on the ISS Program and also when needed. The grantee(s) will train new staff or provider refresher training if such training is required prior to the next DHHS MED training offered.

10. On page 26, the Service Delivery Functions, are these the same as the current functions or are they changed? If changed, please highlight the differences.

They are the same as current functions.

11. Include specifications for training. How is the homemaker training alike or different from that for Personal Support Specialists?

There are no specifications for homemaker training; it is the responsibility of the successful bidder(s) to determine what training is needed to comply with OES policies and contract specifications. OES will discuss with successful bidder(s) reasonable expectations for training as part of contract negotiations. Homemaker training is not held to PSS training requirements.

12. What are the requirements for training and requirements for the trainers?

See answer above. There are no training requirements for the trainers.

13. When will the questions be answered?

No later than June 4.

14. Are the costs of integrating the programs absorbed in the grant amount or is there separate funding?

Costs are absorbed in the grant amount.

15. Why is there a maximum rate? If a rate is submitted above \$18.75, is this grounds to reject the application?

The Legislature established the rate at \$18.75 per hour. The rate may not exceed, nor be less than, this hourly rate.

16. Is there a limit on the number of hours the homemaker can be in the home at any one time?

There is no limit of the number of hours a homemaker may be in the home at any one time so long as the total hours do not exceed hours prescribed in the care plan. The agency may determine how to distribute those hours.

17. Explain more about the role of the successful agency in managing the self-directed option.

The self-directed option will be managed by the agency, based on section 69.04 of the OES Policy Manual. Please see section 69.02 (B) (3) for information about qualifications, the role of the agency, and termination from the self-directed option.

18. What is the current experience with the self-directed option, how much is it happening now?

Current reporting requirements do not provide information to the OES regarding how many people have chosen this option.

19. In other programs where there is a co-pay, the person is terminated if the co-pay is not paid. Is there a termination process if the co-pay is not paid with this program?
See Section 69.03 (B)(8) for current procedure.

20. On page 28, there is a one-year assessment and quarterly contacts are required. Can the assessment/quarterly contacts be done by phone or must they be in person. Describe the function of the quarterly contacts.

Per policy the agency is to make contact with the consumer quarterly to verify receipt of services, discuss the consumer's status, review any unmet needs, and provide appropriate follow-up and referral to community resources. Quarterly contacts may be made by phone. The assessments must be done in person.

21. Describe how to consolidate consumers from various programs into one. What does this mean?

Homemaker services are currently being provided by two agencies that had contracts with the Office of Child and Family Services. Those agencies have not functioned under OES policies, but when the successful bid(s) are awarded for Independent Support Services, beginning on October 1, all consumers will be assessed and served according to the same criteria, unless otherwise indicated in the OES Policy Manual. The consolidation will be done using the MED assessment tool. This tool will establish a care plan based on the outcome scores.

22. Is there a state computer program to track the wait list or does the grantee (s) make their own database?

The agency will create their own data base for the wait list that will provide information needed by OES.

23. Is the database for Independent Support Services managed by OES or the grantee(s)?

The data base will be managed by the grantee(s), but the grantee(s) will provide reports to OES based on their contract(s).

24. May we have a list of all who attended the bidders' conference?

- a. Mary Walsh, Diana Scully and Ingrid Lapointe – Office of Elder Services
- b. Don Harden – Catholic Charities
- c. Luann S. Corkins – Washington Hancock Community Action
- d. Debbie Halm – Spectrum Generations
- e. Vicki Mihalik – Home Care for Maine
- f. Alison Brown and Darnell Jenkins – Maxim Healthcare Services
- g. Carol Carew – Sunrise County Homecare
- h. Tanya Sleeper – Aroostook Home Health Services
- i. Ruthanne Singal – Community Health and Counseling
- j. Susan Giguere – Care and Comfort
- k. Kathy Fries – Lutheran Social Services

25. If we are thinking of subcontracting, is there a list of eligible agencies that could be contracted with or is it up to the bidder to find their own? There is no list of eligible agencies.

The successful bidder(s) are solely responsible for fulfillment of this agreement with the Department. The successful bidder(s) assume responsibility for all services offered, including those delivered through subcontract.

26. Are there specific requirements regarding using a specific program for databases or other technology requirements?

No specific program for databases is required so long as the successful bidder(s) can meet OES reporting requirements and safeguard client confidentiality.

27. Who will be auditing the entity for financial data?

The Grantee will be responsible for their financial data but could be audited by DHHS staff at any time.

28. Will the contractor(s) get prior notice to gather information or will visits be unannounced.

OES will inform the contractor(s) about upcoming visits.

29. How many APS consumers are on the rolls by district? If the bid is for the whole state, does the 15% APS consumers apply to the whole state or must it apply to each district?

We are unable to break it down by county, but in April, 122 APS consumers were receiving these services. The requirement will apply to the whole state.

30. How is the 15% determined? Do referrals come from OES? What happens if the grantee(s) reserves this amount and it is not used?

Referrals come from OES/APS. If the APS consumers do not need the entire amount, the remaining funds are used for other consumers.

31. Provide history on APS consumers, how many are served and what age they are.

As of April, 122 APS consumers (age 18+) are being served through the current contract with Home Care for Maine.

32. Do APS consumers have to meet requirements or not?

Not at this time, but this is being reviewed so we do not have an answer at this time for the new contract period beginning October 1.

33. Is there any benefit to partnering with other organizations or doing it on our own?

OES is looking for demonstrated capacity to serve the needs within the districts. The bidders must determine whether they can best demonstrate this on their own or with partners/subcontract arrangements.

34. On page 28, limitations, the wording makes it sound like the eligibility period is for 11 months, not 12.

The assessment will be effective for the 12-month period, with the reassessment taking effect at the termination of the last assessment. The reassessment may occur within 30 days of the expiration of the previous assessment.

35. There are a number of references that “some things are not cast in stone” yet and there may be a need to renegotiate with the provider after decisions are made. If there is further negotiation, what happens if the parties can’t agree?

If the Department is unable to obtain an acceptable agreement with the selected bidder, the selected bidder will be disqualified. In this event, the Department may then proceed to negotiate an agreement with bidder of the next highest rated proposal, or may cancel negotiations entirely at the Department’s discretion. (See Page 14 of the RFP).

36. On page 28, limitations regarding transportation, is there a need to keep the information on file? What is expected for audits?

The successful bidder(s) do not have to keep the information on file, but this should be considered, as the successful bidder(s) will need to adhere to this requirement beyond the initial check.

37. Will this process and accountability be different from that of the current provider?

The RFP and subsequent contract will describe process and accountability. OES does not anticipate significant changes in the process or accountability.

38. How long does a case that is assessed remain open if the consumer is hospitalized, away, etc?

This is being reviewed. Therefore, we are unable to answer at this time.

39. Describe the transition of bringing current consumers into the system, regardless of whether the contract is awarded to the same or different agencies.

OES is asking bidders to describe the way they will handle the transition.

40. On page 5, for the 95% condition, can we count people as consumers when they are hospitalized, etc?

Yes. If consumers are considered to be on the program while hospitalized, they count as part of the 95%.

41. What about when the weather is an inclement or when the consumer refused services, how does this factor in?

If consumers are considered to be on the program, they count as part of the 95%.

42. Is there any kind of policy or rules about how a person falls out of the program? For example, what if they are eligible but refuse services?

This is currently being reviewed. There is nothing in current policy that addresses this.

43. For couples, if each person is eligible, do they get a combined total of 20 hours/month or just 10?

That is current policy, but this is being reviewed. For the purposes of responding to this RFP follow the current policy.

44. The assessment form is based on physical need. Is there a separate form for financial eligibility?

There is self-declaration for the assets. If the consumer wants a waiver of the co-pay, it is the responsibility of the contracted agency to determine if the consumer has an income less than 200% of poverty, thus qualifying for a waiver. The provider must develop a financial eligibility determination form.

45. Why did you change the name?

We thought the current name does not accurately describe the importance of the services offered by this program. The program is of much more value to consumers than simply housekeeping, but the name does not convey this.

46. For employees/staff, explain Section 69.07 in the policy manual.

Staff must meet the requirements in Section 69.07 and further expectations of staff are included in the contract.

47. Can the letter of intent be electronic and if so, must it have an electronic signature.

The letter of intent may be electronic and does not require an electronic signature.

48. Is hub zone certification considered and does it carry any weight.

We are not familiar with this and, therefore, are not able to answer this question.

49. Is the old contract available to review?

Yes it is available. If you wish to get an electronic copy, send your request to mary.walsh@maine.gov.